

Section 7 - SOCIAL SITUATIONS		
<div>Statement U</div> <div>The next few questions are about SOCIAL SITUATIONS which may have made you nervous at some time in your life.</div>		
1. Some people have such a strong fear of social situations, like doing things in front of other people or being the center of attention, that they become very frightened and nervous or they try to avoid them.  Did you EVER have such a STRONG FEAR or avoidance of any social situation?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
2. Did you EVER have a STRONG FEAR or avoidance of any social situation because you were afraid of being embarrassed by what you might say or do around other people?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. Did you EVER have a STRONG FEAR or avoidance of any social situation because you were afraid you would become speechless, have nothing to say or you might say something foolish?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 7.0	Is “Yes” marked in 1 or 2 or 3?  Did respondent ever have a strong fear of any social situation?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 8, page 95</i>
4a. Now I’d like to know about the kinds of social situations that made you very frightened and nervous.  Have you EVER had a strong fear or avoidance of . . . <i>(Repeat phrase frequently).</i>		
(1) Speaking or talking in front of other people?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Having conversations with people you don’t know well?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Going to parties or other social gatherings?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) Eating or drinking in public?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) Writing while someone else was watching?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) Dating?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7) Being in a small group situation?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8) Taking part or speaking in a class?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9) Being interviewed?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(10) Taking part or speaking at a meeting?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(11) Performing in front of other people?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(12) Taking an important exam?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(13) Speaking to an authority figure - like a teacher or a boss?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Have you EVER had a strong fear or avoidance of any other social situation that made you nervous, frightened or anxious?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
5. Did THINKING ABOUT any of these social situations ALMOST ALWAYS make you nervous, frightened or anxious?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

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6.	When you had to be in any of these social situations, did you USUALLY become upset, nervous or anxious?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7.	Did you EVER remain in any of these social situations because you had to be there, even though it made you very frightened, nervous or anxious?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
8.	Did you EVER avoid any of these social situations because of your STRONG FEAR OF THEM?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9.	Did you EVER think that you were more frightened, nervous or anxious about these social situations than most people?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
10.	Did you EVER think that your fear or avoidance of any of these social situations was stronger than it should have been?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 7.1	Is “Yes” marked in Check Item 6.3, Section 6, page 83?	
	Did respondent ever have a panic attack?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 16</i>
11.	When you were in any of these social situations that made you frightened and nervous, did you EVER have a panic attack?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 13</i>
12.	Did your panic attacks ONLY happen when you were in any of these social situations or when you thought you might have to be in them?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
13.	Were you ever frightened of any of these social situations because you were afraid of having a panic attack or afraid you might be embarrassed or not able to find help if you had a panic attack?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
14.	Did you ever remain in any of these social situations because you had to be there, even though you were very nervous and anxious about having a panic attack?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
15a.	Did you avoid any of these social situations because you were afraid of having a panic attack?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b.	When you had to be in any of these social situations, did you often need to bring someone along with you in case you had a panic attack?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
16.	Did being in any of these social situations, or THINKING ABOUT THEM, or avoiding them, EVER . . . <i>(Repeat phrase frequently)</i>	
(1)	Upset you or make you feel uncomfortable?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2)	Interfere with your relationships with other people - like arguing with them or avoiding them?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3)	Interfere with doing things you were supposed to do - like working, doing your schoolwork, or taking care of your home or family?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4)	Restrict your usual activities in any way?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5)	Keep you from doing something you wanted to do?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
17a.	About how old were you the FIRST TIME you BEGAN to experience a strong fear or avoidance of any social situation?	_____ Age
CHECK ITEM 7.2A	Is respondent’s age in 17a within 1 year of his/her present age or is 17a or present age unknown?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 17c, page 90</i>

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17b. Did this FIRST time BEGIN to happen during the last 12 months?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. In your ENTIRE LIFE how many SEPARATE times were there when you had a strong fear or avoidance of any social situation?  By separate times, I mean times separated by at least 2 months when you WEREN'T afraid of social situations and you DIDN'T try to avoid them.  If respondent says "All my life" or "There was never a time when I didn't fear or avoid situation", code 1.		_____ Number
CHECK ITEM 7.2B	Is number entered in 17c, 2 or more or unknown?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 20a
18a. How old were you the MOST RECENT time you BEGAN to experience a strong fear or avoidance of any social situation?		_____ Age
CHECK ITEM 7.3A	Is respondent's age in 18a within 1 year of his/her present age or is present age or 18a unknown?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 19a
18b. Did this MOST RECENT time when you feared or avoided any social situation BEGIN to happen during the last 12 months?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
19a. How long did this MOST RECENT time last when you were afraid of or avoided any social situation?		_____ Week(s) OR _____ Month(s) OR _____ Year(s)
b. Since this MOST RECENT time BEGAN, have there been at least 2 months when you WEREN'T afraid of any social situation and you DIDN'T try to avoid them?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 19d
CHECK ITEM 7.3B	Is 18b marked "Yes" or unknown?	1 <input type="checkbox"/> Yes - SKIP to 19d 2 <input type="checkbox"/> No
19c. Did this MOST RECENT time when you WEREN'T afraid of any social situation and DIDN'T try to avoid them BEGIN to happen in the last 12 months?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. In your ENTIRE LIFE, what was the LONGEST period you had when you were afraid of or avoided any social situation.		_____ Week(s) OR _____ Month(s) OR _____ Year(s) } SKIP to Check Item 7.4
20a. How long did that period last when you were afraid of or avoided any social situation?		_____ Week(s) OR _____ Month(s) OR _____ Year(s)
b. Since that time BEGAN, have there been at least 2 months when you WEREN'T afraid of any social situation and you DIDN'T try to avoid them?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item 7.4
CHECK ITEM 7.3C	Is 17b marked "Yes"?	1 <input type="checkbox"/> Yes - SKIP to Check item 7.4 2 <input type="checkbox"/> No
20c. Did that time when you WEREN'T afraid of social situations and DIDN'T try to avoid them BEGIN to happen in the last 12 months?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 7.4	Refer to Check Item 2.0, Section 2A, page 9.	1 <input type="checkbox"/> Yes - SKIP to 23, page 91 2 <input type="checkbox"/> No
Is the respondent a lifetime abstainer of alcohol?		

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21.	Did (that time/ANY of those times) when you had a strong fear or avoidance of social situations BEGIN to happen AFTER you were drinking heavily or a lot more than usual?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 23</i>
22.	Did (that time/ANY of those times) when you had a strong fear or avoidance of social situations BEGIN to happen DURING a period when you were experiencing the bad aftereffects of drinking?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
23.	Did (that time/ANY of those times) when you had a strong fear or avoidance of social situations BEGIN to happen AFTER using a medicine or drug?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 7.5</i>
24.	Did (that time/ANY of those times) when you had a strong fear or avoidance of social situations BEGIN to happen DURING a period when you were experiencing the bad aftereffects of a medicine or drug?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 7.5	Is at least 1 item marked “Yes” in 21, 22, 23 or 24?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 26</i>
CHECK ITEM 7.6A	Is Check Item 7.2B marked “No”?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 7.6B</i>
25a.	During that time, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 26</i>
b.	Did you CONTINUE to have a strong fear or avoidance of any social situation for at least 1 month AFTER you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 26, page 92</i>
CHECK ITEM 7.6B	Is 17b marked “Yes” or 18b marked “Yes” or 19c marked “Yes” or 19b marked “No”?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 7.6C</i>
25c.	Did ANY of the times when you had a strong fear or avoidance of social situations in the last 12 months BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 7.6C</i>
d.	Did they ALL BEGIN to happen when you were (drinking heavily/using a medicine or drug/experiencing the bad aftereffects of drinking/medicines or drugs)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e.	During ANY of those times in the last 12 months when you had a strong fear or avoidance of social situations after (drinking heavily/using a medicine or drug), did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 7.6C</i>
f.	During ALL of those times, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g.	Did you CONTINUE to have a strong fear or avoidance of any social situation for at least 1 month AFTER ANY of those times in the last 12 months when you STOPPED (drinking heavily/using any medicines or drugs/ experiencing the bad aftereffects of drinking/medicines or drugs)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 7.6C</i>
h.	Did you CONTINUE to have a strong fear or avoidance of any social situation for at least 1 month AFTER ALL of those times?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 7.6C	Is 17b marked “Yes”?	1 <input type="checkbox"/> Yes - <i>SKIP to 26, page 92</i> 2 <input type="checkbox"/> No

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25i.	Did ANY of the times when you had a strong fear or avoidance of social situations BEFORE 12 months ago BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 26</i>
j.	Did they ALL BEGIN to happen (after drinking heavily/using a medicine or drug/when you were experiencing the bad aftereffects of drinking/medicines or drugs)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
k.	During ANY of those times BEFORE 12 months ago when you had a strong fear or avoidance of social situations after (drinking heavily/using a medicine or drug), did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP 26</i>
l.	During ALL of those times, did you STOP (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs) for at least 1 month?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
m.	Did you CONTINUE to have a strong fear or avoidance of any social situation for at least 1 month AFTER ANY of those times BEFORE 12 months ago when you STOPPED (drinking heavily/using any medicines or drugs/experiencing the bad aftereffects of drinking/medicines or drugs)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 26</i>
n.	Did you CONTINUE to have a strong fear or avoidance of any social situation for at least 1 month AFTER ALL of those times?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
26.	Did you EVER go to any kind of counselor, therapist, doctor, psychologist or any person like that to get help for your fear or avoidance of social situations?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
27.	Did you EVER go to an emergency room to get help for your fear or avoidance of social situations?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
28.	Were you EVER a patient in any kind of hospital overnight or longer because of your fear or avoidance of any social situation?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
29.	Did a doctor EVER prescribe any medicines or drugs for your fear or avoidance of social situations?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 7.7	Is at least 1 item marked “Yes” in 26 - 29?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 7.7A</i>
	Did respondent ever seek help for fear of social situations?	
30a.	About how old were you the FIRST time you went anywhere or saw anyone to get help for your fear or avoidance of social situations?	_____ Age
b.	How old were you the MOST RECENT time you went anywhere or saw anyone to get help for your fear or avoidance of social situations?	_____ Age OR 0 <input type="checkbox"/> Happened only once
CHECK ITEM 7.7A	Refer to Check Item 2.0, Section 2A, page 9.	1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 7.7B, page 93</i> 2 <input type="checkbox"/> No
	Is the respondent a lifetime abstainer of alcohol?	
31a.	Did you EVER drink alcohol to reduce your fear or avoidance of any social situation?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 7.7B, page 93</i>
b.	Did this happen during the last 12 months?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 7.7B, page 93</i>
c.	Did this happen before 12 months ago, that is, before last (Month one year ago)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

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CHECK ITEM 7.7B	Refer to Check Item 3.10, Section 3B, page 39.	1 <input type="checkbox"/> Yes - SKIP to Check Item 7.8 2 <input type="checkbox"/> No
Is the respondent a lifetime non-drug user?		
32a.	Did you EVER take any medicines or drugs ON YOUR OWN, that is without a prescription, in greater amounts or more often or longer than prescribed to reduce your fear or avoidance of social situations?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item 7.8
b.	Did this happen during the last 12 months?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item 7.8
c.	Did this happen before 12 months ago, that is, before last (Month one year ago)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 7.8	Check Item 7.2B marked “No”?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item 7.9A
33a.	Did your fear or avoidance of social situations BEGIN to happen during a time when you were physically ill or getting over being physically ill?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 34a
b.	Did a doctor or other health professional tell you that your fear or avoidance of social situations was related to your physical illness or medical condition?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 34a
CHECK ITEM 7.9A	Is 17b marked “Yes” or 18b marked “Yes” or 19c marked “Yes” or 19b marked “No”?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item 7.9B
33c.	Did ANY of the times when you feared or avoided social situations in the last 12 months BEGIN to happen DURING a time you were physically ill or getting over being physically ill?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item 7.9B
d.	Did ALL of those times when you feared or avoided social situations in the last 12 months ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 33f
e.	Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?	1 <input type="checkbox"/> Yes - SKIP to Check Item 7.9B 2 <input type="checkbox"/> No
f.	Did a doctor or other health professional tell you that ANY of the times like this were related to your physical illness or medical condition?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM 7.9B	Is 17b marked “Yes”?	1 <input type="checkbox"/> Yes - SKIP to 34a 2 <input type="checkbox"/> No
33g.	Did ANY of the times when you feared or avoided social situations BEFORE 12 months ago BEGIN to happen DURING a time when you were physically ill or getting over being ill?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 34a
h.	Did ALL of those times when you feared or avoided social situations BEFORE 12 months ago ONLY BEGIN to happen DURING times when you were physically ill or getting over being physically ill?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 33j
i.	Did a doctor or other health professional tell you that ALL of the times like this were related to your physical illness or medical condition?	1 <input type="checkbox"/> Yes - SKIP to 34a 2 <input type="checkbox"/> No
j.	Did a doctor or other health professional tell you that ANY of the times like this were related to your physical illness or medical condition?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
34a.	Did your fear or avoidance of social situations EVER happen during a period when you were afraid you might be embarrassed by a physical problem that you couldn’t always control - like stuttering, twitching, blinking your eyes, or being unable to control your bladder?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 35a, page 94
b.	Did your fear of social situations ONLY happen when you were afraid you might be embarrassed by a physical problem you couldn’t always control?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

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<div>35a. Did your fear or avoidance of social situations EVER happen during a period when you were afraid you might be embarrassed by your eating habits - like eating large amounts of food in a very short period of time (PAUSE) or eating too little because you were afraid of getting too fat?</div>	<div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 36a</div>
<div>b. Did your fear of social situations ONLY happen when you were afraid you might be embarrassed by your eating habits?</div>	<div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>
<div>36a. Did your fear or avoidance of social situations EVER happen during a period when you were afraid you might be embarrassed by a physical illness or problem or something you felt was terribly wrong with the way you looked?</div>	<div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 37a</div>
<div>b. Did your fear of social situations ONLY happen when you were afraid you might be embarrassed by a physical illness or problem or something you felt was terribly wrong with the way you looked?</div>	<div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>
<div>37a. Did your fear or avoidance of social situations EVER happen during a period when you were thinking about an extremely stressful experience you had in the past - like being in a war, being attacked, or being in a bad accident or a fire?</div>	<div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 38a</div>
<div>b. Did your fear of social situations ONLY happen when you were thinking about an extremely stressful experience you had in the past?</div>	<div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>
<div>38a. Did your fear or avoidance of social situations EVER happen during a period when you were frightened, nervous or worried about being away from home or away from the people who were important to you?</div>	<div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 39a</div>
<div>b. Did your fear of social situations ONLY happen when you were frightened, nervous or worried about being away from home or away from the people who were important to you?</div>	<div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>
<div>39a. Did your fear or avoidance of social situations EVER happen during a period when you were afraid of being contaminated by dirt or germs?</div>	<div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 40a</div>
<div>b. Did your fear of social situations ONLY happen when you were afraid of being contaminated by dirt or germs?</div>	<div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>
<div>40a. Did your fear or avoidance of social situations EVER happen during a period when you were afraid you might be embarrassed by having to do something over and over to make yourself comfortable - like counting, checking, ordering or repeating things over and over?</div>	<div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 41a</div>
<div>b. Did your fear of social situations ONLY happen when you were afraid you might be embarrassed by having to do something over and over to make yourself comfortable?</div>	<div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>
<div>41a. Did your fear or avoidance of social situations EVER happen during a period when you were afraid that you WOULDN'T be able to do things over and over to make yourself comfortable?</div>	<div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Section 8, page 95</div>
<div>b. Did your fear of social situations ONLY happen when you were afraid that you WOULDN'T be able to do things over and over to make yourself comfortable?</div>	<div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Go to Section 8, page 95</div>